

PTO/SB/17 (12-04v2)

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|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b> |                        |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>  |  | Application Number       | 09/301,766-Conf. #6045 |
|   |  | Filing Date              | April 29, 1999         |
|   |  | First Named Inventor     | Eijiro WATANABE        |
|   |  | Examiner Name            | D. H. Kruse            |
|   |  | Art Unit                 | 1638                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | Attorney Docket No.      | 0020-4559P             |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b>              | 1,020.00               |

**METHOD OF PAYMENT** (check all that apply)

|  |                                      |   |                               |   |
|--|--------------------------------------|---|-------------------------------|---|
| <input checked="" type="checkbox"/> Check  | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order  | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u> |                                      |   |                               |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                                      |   |                               |   |
| <input type="checkbox"/> Charge fee(s) indicated below   |                                      | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                               |   |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17                                    |                                      | <input checked="" type="checkbox"/> Credit any overpayments                       |                               |   |

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

|                      |                     |                 |                      |                                  |                 |                      |
|----------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| <u>Total Claims</u>  | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 18                   | - 27 =              | x               | =                    |                                  |                 |                      |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |                                  |                 |                      |
| 8                    | - 17 =              | x               | =                    |                                  |                 |                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

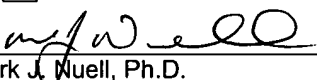
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>                | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|--------------------------------|----------------------|
|                     | - 100 =             | /50   | (round up to a whole number) x | =                    |

**4. OTHER FEE(S)**

|   | <u>Fees Paid (\$)</u> |
|---|-----------------------|
| Non-English Specification, \$130 fee (no small entity discount)                     |                       |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month | 1,020.00              |

|                     |                      |                                   |                |
|---------------------|----------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                      |                                   |                |
| Signature           |                      | Registration No. (Attorney/Agent) | 36,623         |
| Name (Print/Type)   | Mark V. Nuell, Ph.D. | Telephone                         | (703) 205-8043 |
|                     |                      | Date                              | June 2, 2006   |



| AMENDMENT TRANSMITTAL LETTER   |   |   |                                   | Docket No.<br>0020-4559P   |                 |
|--|---|---|-----------------------------------|----------------------------|-----------------|
| Application No.<br>09/301,766-Conf. #6045  |   | Filing Date<br>April 29, 1999           |                                   | Examiner<br>D. H. Kruse    |                 |
| Art Unit<br>1638   |   |   |                                   |                            |                 |
| Applicant(s): Eijiro WATANABE et al.   |   |   |                                   |                            |                 |
| Invention: RAFFINOSE SYNTHASE GENES AND THEIR USE  |   |   |                                   |                            |                 |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>   |   |   |                                   |                            |                 |
| Transmitted herewith is an amendment in the above-identified application.  |   |   |                                   |                            |                 |
| The fee has been calculated and is transmitted as shown below.   |   |   |                                   |                            |                 |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |                            |                 |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                       |                 |
| Total Claims   | 18  | - 27 =                                  |                                   | x                          |                 |
| Independent<br>Claims  | 8   | - 17 =                                  |                                   | x                          |                 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |   |   |                                   |                            |                 |
| Other fee (please specify): Extension for response within third month  |   |   |                                   |                            | 1,020.00        |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |   |   |                                   |                            | <b>1,020.00</b> |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |   |   |                                   |                            |                 |
| <input type="checkbox"/> No additional fee is required for this amendment.   |   |   |                                   |                            |                 |
| <input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____<br>A duplicate copy of this sheet is enclosed.   |   |   |                                   |                            |                 |
| <input checked="" type="checkbox"/> A check in the amount of \$ <u>1,020.00</u> is enclosed.   |   |   |                                   |                            |                 |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |   |   |                                   |                            |                 |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed. |   |   |                                   |                            |                 |
| <input checked="" type="checkbox"/> Credit any overpayment.  |   |   |                                   |                            |                 |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |   |   |                                   |                            |                 |
| <br>Mark J. Nuell, Ph.D.<br>Attorney Reg. No.: 36,623   |   |   |                                   | Dated: <u>June 2, 2006</u> |                 |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8043   |   |   |                                   |                            |                 |